



BENTON FRANKLIN HEALTH DISTRICT
800 W. CANAL DRIVE
KENNEWICK, WA 99336
(509) 586-0207

APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

(TO BE USED FOR PERSONS WHO DIED IN BENTON OR FRANKLIN COUNTY)

TODAY'S DATE: _____

FULL NAME OF DECEASED: _____

PLACE OF DEATH (*Hospital or Town*): _____

DATE OF DEATH: _____

NUMBER OF COPIES _____ x \$17.00 = _____

ADDITIONAL COPIES _____ x \$17.00 = _____

TOTAL \$ _____

(ACCEPTED METHOD OF PAYMENT: CREDIT CARD, CASH OR MONEY ORDER)

Please Complete for Identification Purposes Only – Please Print

YOUR NAME: _____
Last First MI

YOUR ADDRESS: _____
Street

City State Zip

HOME PHONE () _____ WORK PHONE () _____

DATE OF BIRTH: _____ SOCIAL SECURITY NO. ____ - ____ - _____

Signature of person requesting certificate: _____

Relationship to person whose certificate is requested: _____

FOR OFFICE USE ONLY

No. of Copies _____ Date Picked Up/Mailed _____

Account No. _____ Receipt No. _____

Date: _____